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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: 20322 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Name Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 20322 1 The address associated with Customer Number: ORFirm or Individual Name Address Zip State City Country Telephone Assignee Name and Address:

Cositophalus Limited Liability Company

160 Greentree Drive, Suite 101

Dover, DE 19904

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, application in which this Power of Attorney is to be filed.

and must		SIGNATURE of Assignee of F al whose signature and title is supplied below is au	Record	
Signature	1/2		Date (2/29/2008	
Name	10	Stephen Finley	Telephone	
Title	Authorized Person for Cositophalus Limited Liability Company			

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public wh by the USPTO to process) an application. Confidentially is governed by 36 U.S.C. 123 of U.S.C. 123 o to complete, including gentleming, preparing, and additioning the complete dependence operation to the control of the complete FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

I, Stephen Finley (whose title is supplied below), hereby declare that I am authorized to sign on behalf of Cositophalus Limited Liability Company.

Stephen Finley, Authorized Person for Cositophalus Limited Liability Company

[date]